

FIG. 1

FIG. 2

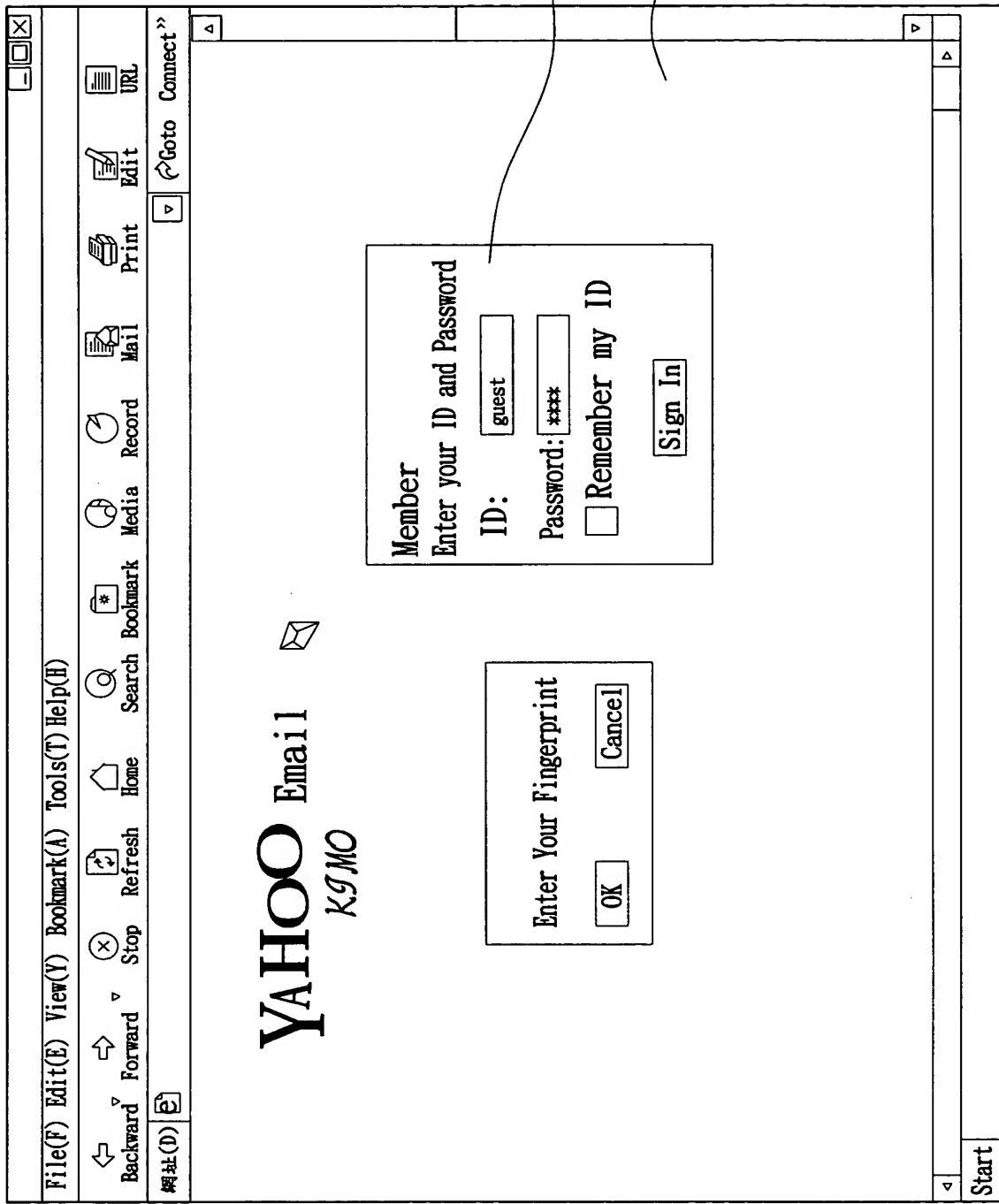


FIG. 3

1. Search Conditions 2. Search Result 3. Issued Image 4. Alteration 5. Alteration Image 6. Classification 7. Configuration																																									
Search Type: <input type="button" value="Invention, Utility, Design"/>																																									
<table border="1"> <thead> <tr> <th>Item</th> <th>Conditions</th> <th>Item</th> <th>Conditions</th> </tr> </thead> <tbody> <tr> <td>A. Title</td> <td></td> <td>I. Filed Date</td> <td></td> </tr> <tr> <td>B. Claims</td> <td></td> <td>J. Date of Patent</td> <td></td> </tr> <tr> <td>C. Classification</td> <td></td> <td colspan="2"> <input type="button" value="Sign In System"/> </td> </tr> <tr> <td>D. Code name</td> <td></td> <td>User ID:</td> <td><input type="text" value="guest"/></td> </tr> <tr> <td>E. Patent No</td> <td></td> <td>User Password:</td> <td><input type="password" value="****"/></td> </tr> <tr> <td>F. Application No</td> <td></td> <td><input type="checkbox"/> Remember Password</td> <td></td> </tr> <tr> <td>G. Patent Owner</td> <td></td> <td><input type="button" value="OK"/></td> <td><input type="button" value="Cancel"/></td> </tr> <tr> <td>H. Applicant</td> <td></td> <td colspan="2"></td> </tr> <tr> <td colspan="2">Comprehensive Sums</td> <td colspan="2"></td> </tr> </tbody> </table>		Item	Conditions	Item	Conditions	A. Title		I. Filed Date		B. Claims		J. Date of Patent		C. Classification		<input type="button" value="Sign In System"/>		D. Code name		User ID:	<input type="text" value="guest"/>	E. Patent No		User Password:	<input type="password" value="****"/>	F. Application No		<input type="checkbox"/> Remember Password		G. Patent Owner		<input type="button" value="OK"/>	<input type="button" value="Cancel"/>	H. Applicant				Comprehensive Sums			
Item	Conditions	Item	Conditions																																						
A. Title		I. Filed Date																																							
B. Claims		J. Date of Patent																																							
C. Classification		<input type="button" value="Sign In System"/>																																							
D. Code name		User ID:	<input type="text" value="guest"/>																																						
E. Patent No		User Password:	<input type="password" value="****"/>																																						
F. Application No		<input type="checkbox"/> Remember Password																																							
G. Patent Owner		<input type="button" value="OK"/>	<input type="button" value="Cancel"/>																																						
H. Applicant																																									
Comprehensive Sums																																									
																																									
																																									
<div style="border: 1px solid black; padding: 10px; width: fit-content;"> Enter your Fingerprint <input type="button" value="OK"/> <input type="button" value="Cancel"/> </div>																																									
Start																																									

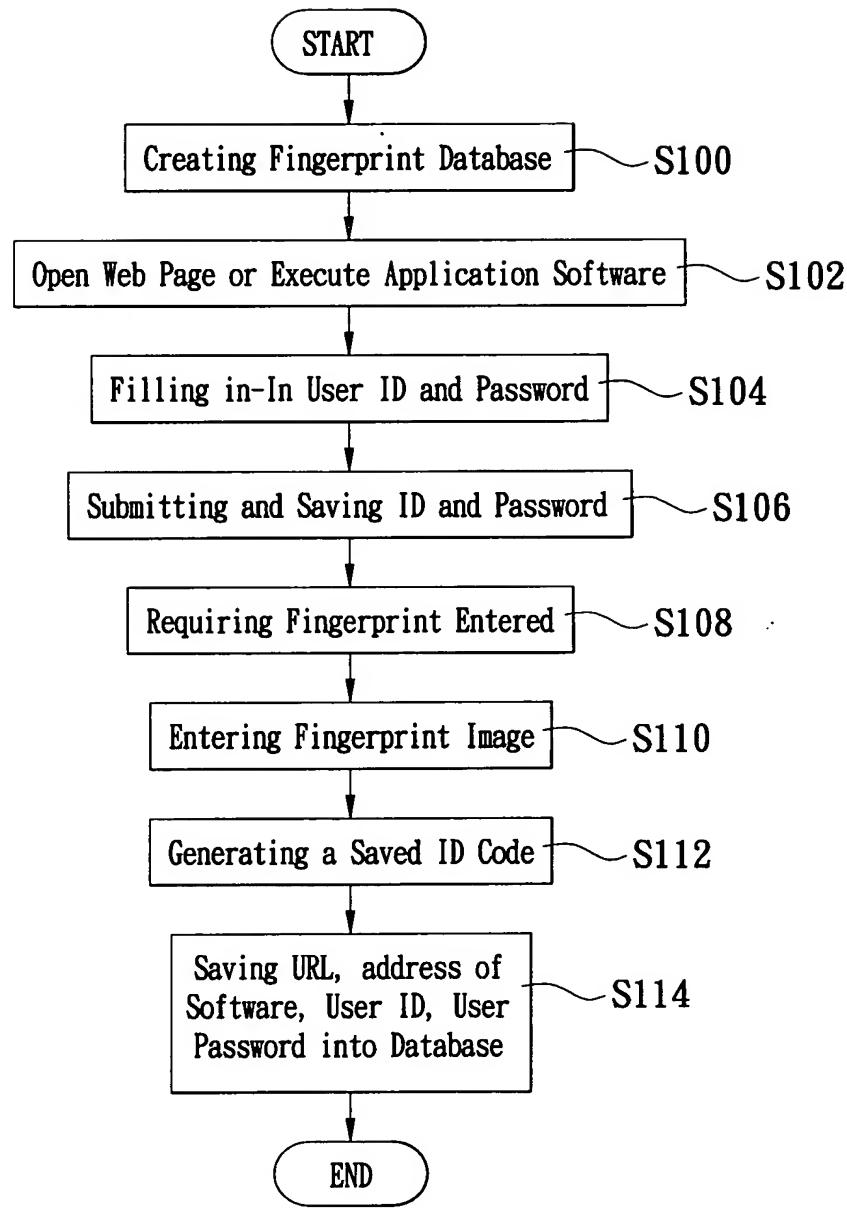


FIG. 4

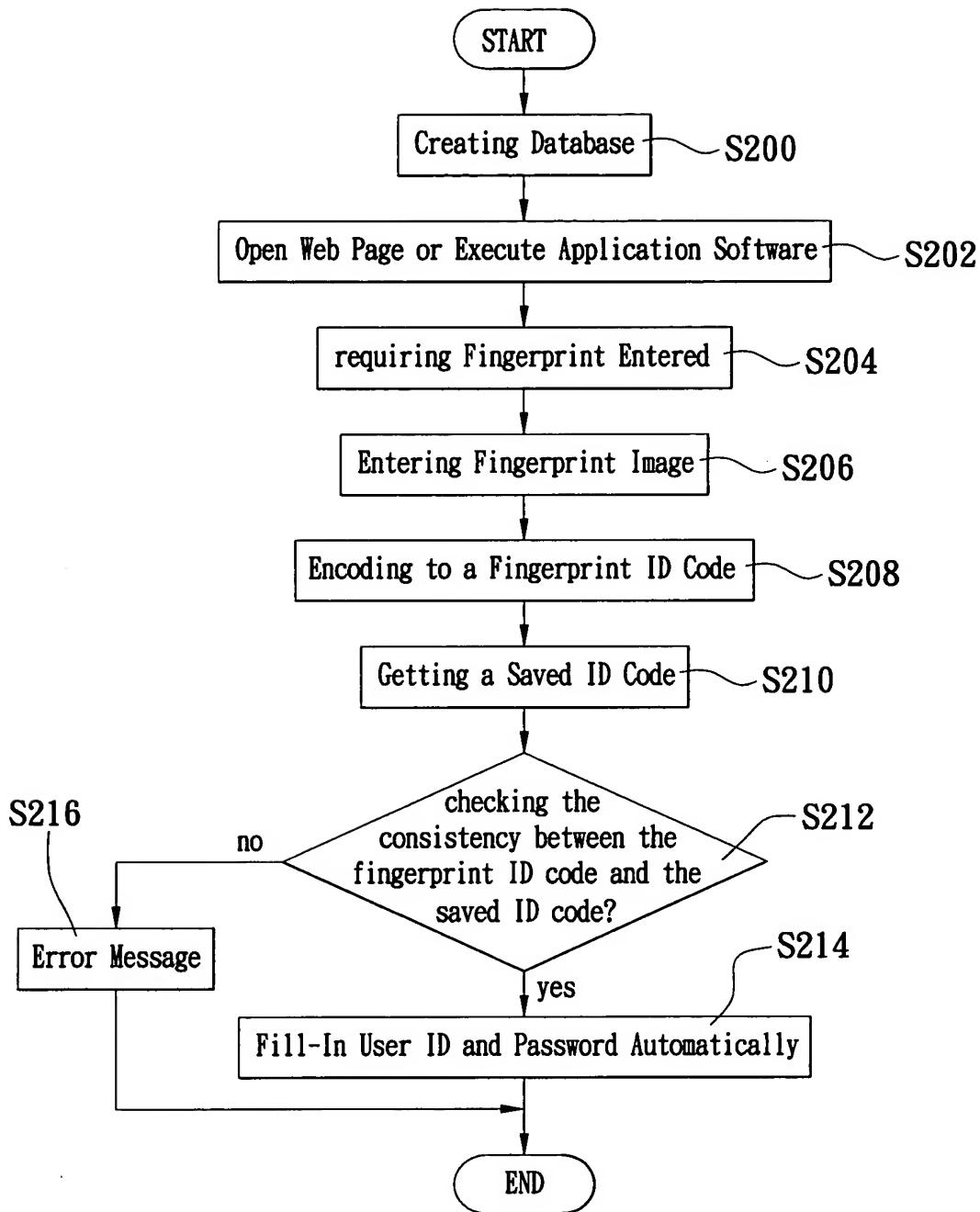


FIG. 5